United Nations DP/FPA/DCP/AGO/7

**Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services**

Distr.: General
28 April 2014

Original: English

**Annual session 2014**
23 to 27 June 2014, Geneva
Item 13 of the provisional agenda
**UNFPA – Country programmes and related matters**

# UNITED NATIONS POPULATION FUND

## Draft country programme document for Angola

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|---|---|
| Proposed indicative UNFPA assistance: | $20.3 million: $12.6 million from regular resources and $7.7 million through co-financing modalities and/or other resources, including regular resources |
| Programme period: | Five years (2015-2019) |
| Cycle of assistance: | Seventh |
| Category per decision 2013/12: | Orange |

Proposed indicative assistance (in millions of $):

| Strategic plan outcome areas | | Regular resources | Other | Total |
|---|---|---|---|---|
| Outcome 1 | Sexual and reproductive health | 7.0 | 5.0 | 12.0 |
| Outcome 2 | Adolescents and youth | 1.3 | 0.7 | 2.0 |
| Outcome 3 | Gender equality and women's empowerment | 1.5 | 1.0 | 2.5 |
| Outcome 4 | Population dynamics | 2.0 | 1.0 | 3.0 |
| | Programme coordination and assistance | 0.8 | - | 0.8 |
| | Total | 12.6 | 7.7 | 20.3 |

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## I. Situation analysis

1. Emerging from a long period of wars (independence war followed by a civil war) from 1961 to 2002, Angola has experienced rapid economic growth, with the Real Gross Domestic Product increasing rapidly at a rate consistently greater than 10 per cent from 2000 to 2008 (African Development Bank, February 2010). Although, after the recession of 2009, the Real Gross Domestic Product continued to grow at an average annual rate of 4.4 per cent, from 2010 to 2014 (IMF, February 2014), social indicators have lagged behind and income inequality has remained high, with a Gini coefficient of 0.54.

2. The last population and housing census was conducted in 1970, before the independence of Angola in 1975, but its coverage was incomplete. All available statistical information is therefore based on estimates. In 2014, the population of Angola was estimated at 19.8 million, of which youth aged 10 to 24 represented 33.1 per cent. The high total fertility rate of 6.4 children per woman and the low modern contraceptive prevalence rate of 12.8 per cent, both registered in 2010, contribute to the high annual population growth rate of 3.2 per cent. Adolescent fertility is also very high at 152.1 per thousand women aged 15 to 19, and contributes to high maternal mortality and morbidity, including from obstetric fistula, stillbirths and unsafe abortions. The main reasons for this exceptionally high adolescent fertility rate are the limited availability of and access to youth-friendly sexual and reproductive health services and information, which explain the high incidence of unprotected sex, estimated at 70 per cent for Angolans aged 15.

3. It is recognized that adolescent sexual relationships are prevalent, but there is inadequate provision of appropriate behavioural change education and youth-friendly reproductive health services and information. Instructors do not have the skills to teach sexual and reproductive health classes and no specific policies exists that would allow the integration of sexuality education in school curricula. Consequently, only 44.6 per cent of youth have accurate knowledge about the human immunodeficiency virus (HIV) and only 14.9 per cent know their HIV status. The estimated total HIV prevalence rate is 2.4 per cent, with 0.9 per cent for youth aged 15 to 24 and 1.7 among pregnant women who have received prenatal care.

4. Maternal mortality is estimated at 450 persons per 100,000 live births. This high ratio stems from a combination of the low percentage of deliveries attended by qualified health personnel (49 per cent) nationally and in health units (42 per cent), the low ratio of population to qualified health care providers (one doctor per 10,000 people), and the low capacity of health facilities to provide emergency obstetric care services. The National Audit Committee for the Prevention of Maternal and Neonatal Deaths was established in March 2012 by presidential decree, in order to implement the recommendations of the Campaign for Accelerated Reduction of Maternal Mortality in Africa. However, it is not yet functional. Moreover, gender inequalities and traditional practices deny women and girls the right of access to sexual and reproductive health services, including family planning and Sexually Transmitted Infections (STI)/HIV prevention.

5. Angola is a party to the Convention on the Elimination of All Forms of Discrimination against Women since 1986 and progress on gender issues has been recorded. More recently, a Law Against Domestic Violence (Law No 25/11 of 14 July) was approved in 2011 and a National Policy for Gender Equality and Equity was approved in 2013 by Presidential Decree No. 222/13. Nevertheless, gender stereotypes and gender-based violence still prevail and no systematic coordination mechanism exists to address these harmful attitudes and practices.

6. Angola has experienced recurrent droughts and flooding in some of its provinces, affecting significant portions of the population. The National Preparation, Contingency, Response and Recuperation Plan for Calamities and Disasters, 2014-2019, which includes disaster-

preparedness and response measures, is yet to be approved.

## II. Past cooperation and lessons learned

7. Under the sixth country programme, 2009-2013, extended to 2014, UNFPA provided support at the national and provincial levels. In sexual and reproductive health, the programme supported the finalization of the National Roadmap for Accelerating the Reduction of Maternal Mortality, 2007-2015, as well as the preparatory activities for launching the Campaign for Accelerated Reduction of Maternal Mortality in Africa in August 2010. More efforts, however, are required to ensure their implementation and to secure the financial commitments to maternal mortality reduction made by the Government. UNFPA supported the provision of equipment and supplies to more than 15 health centres for the delivery of comprehensive reproductive health services, as well as the establishment of the first obstetric fistula treatment centre in 2010. UNFPA also helped to establish HIV counselling and testing, which was integrated with family planning services in mobile units at popular markets and churches in Luanda. This initiative was replicated in other provinces, reaching over 100,000 people, and will be upscaled in the proposed programme. Over 8,000 hygienic kits were distributed to women affected by floods in the province of Cunene and to those displaced from the Democratic Republic of Congo into the province of Uíge. The programme also supported the development of a Strategic Plan for the Youth Sector, 2012-2017, in which adolescent sexual and reproductive health issues are integrated with STI/HIV prevention, although it is yet to be formally approved and implemented.

8. In family planning, the programme supported: (a) the procurement of more than 60 per cent of national family planning commodities; and (b) on-the-job training on quality family planning services for 271 service providers in 16 of the 18 provinces, resulting in 88 per cent of total reached patients becoming new users. Despite these achievements, the limited availability of quality public sexual and reproductive health services, including family planning and HIV prevention, continue to be major challenges.

9. In gender equality, UNFPA supported the development of: (a) the Law Against Domestic Violence (Law No 25/11 of 14 July) approved in 2011, including a corresponding action plan and the establishment of an integrated monitoring system to support the implementation of the law in all 18 provinces; and (b) the National Policy for Gender Equality and Equity, approved in 2013 by Presidential Decree No. 222/13, including the formulation of its action plan which has yet to be implemented. In the absence of the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) in Angola, UNFPA coordinated a joint United Nations report for the pre-session meeting of the 54th Session of the United Nations Committee on the Elimination of All Forms of Discrimination against Women. More government focus is needed on providing gender-based violence response-related services and on monitoring implementation of laws and policies.

10. In population and development, UNFPA provided technical and financial support to the preparatory phase of the National Population and Housing Census, 2014, which included developing a comprehensive census strategy plan and building the capacity of the National Institute of Statistics in data processing and analysis. UNFPA also successfully advocated for and supported the establishment of a bachelor's degree programme in geodemography at the University of Agostinho Neto and the drafting of a national population policy. Despite strong government commitment to undertaking a population and housing census and to strengthening the statistical system, the capacity of the National Institute of Statistics is still weak, with only two staff members having a Master of Science Degree in Demography, both of whom UNFPA supported.

11. The key lessons from the sixth country programme, 2009-2013, are that: (a) investing in the national training of demographers in local universities is more sustainable than supporting

the participation of a few selected government staff members in international long-term trainings; and (b) investing in community health agents is effective and efficient in creating demand for reproductive health services, including family planning.

## III. Proposed programme

12. The country programme is aligned with the United Nations Partnership Framework, 2015-2019, and the UNFPA strategic plan, 2014-2017, and responds to national priorities as articulated in the Long-term Development Strategy for Angola ("Angola 2025"), the National Development Plan, 2013-2017, and the National Health Development Plan, 2012-2025.

13. The country programme contributes to the four outcomes of the UNFPA strategic plan, 2014-2017, that together aim to improve quality of life and reduce inequalities for the achievement of universal access to sexual and reproductive health. The programme will build on the gains achieved during the previous country programme, 2009-2013; provide upstream support at the national level and targeted interventions for the most deprived communities in all 18 provinces; and develop and test intervention models for subsequent scaling-up by the Government.

*Outcome 1: Sexual and reproductive health*

14. Output 1: Increased institutional capacity of the Ministry of Health to deliver high-quality integrated family planning, maternal health and STI/HIV prevention services. UNFPA will advocate for the effective implementation of the National Health Development Plan, 2012-2025. This includes implementing the commitments of the Campaign for Accelerated Reduction of Maternal Mortality in Africa, and the integrated delivery of high-quality family planning, maternal health and STI/HIV prevention services at the national level, focused on pregnant women and young people. UNFPA will provide technical support to: (a) develop a monitoring mechanism for the National Maternal and Neo-Natal Death Prevention Commission; (b) create national sexual and reproductive health service protocols that address, in particular, youth issues within the Angolan cultural context; (c) advocate for the establishment of youth-friendly reproductive health service delivery points with integrated family planning and STI/HIV prevention services in each of the 18 provinces; (d) foster greater focus on young people and pregnant women in the accelerated HIV/AIDS response by the Government; and (e) advocate for the expansion of the national programme on obstetric fistula treatment.

15. Output 2: Strengthened national capacity to supply modern contraceptives, with a particular focus on young people. To attain this result, UNFPA will: (a) support the Ministry of Health to scale up the mobile units and community health agents programmes, focusing on the 15 to 24 year olds tested in the previous programme; (b) advocate for government resource allocation for procurement of reproductive health commodities; and (c) provide technical assistance for the establishment of a functional information and supply chain management system to ensure adequate flow of supplies to provinces, with special attention on forecasting the needs of young people.

*Outcome 2: Adolescents and youth*

16. Output 1: Increased capacity of primary and secondary school teachers and community health agents to implement school and community-based comprehensive sexuality education programmes. UNFPA will achieve this output by: (a) updating and testing the existing sexuality education curricula of teacher training colleges, and primary and secondary schools to ensure that they include family planning and STI/HIV prevention contents; (b) conducting advocacy and community mobilization for the broader acceptance of integrated sexuality education for in and out-of-school youth, through government-run youth support centres; and (c) advocating for the implementation of the Strategic Plan for the Youth Sector, 2012-2017, included in the National Youth Development Plan, 2014-2017, issued from the government-led National Youth

Forum, and focused on proposed actions related to sexual and reproductive health.

*Outcome 3: Gender equality and women's empowerment*

17. Output 1: Strengthened capacity of the Ministry of the Family and of the Promotion of Women to advance gender equality. In the absence of UN-Women in Angola, UNFPA will (a) advocate for the implementation of the National Policy for Gender Equality and Equity, the Law Against Domestic Violence, and the utilization of the integrated monitoring system; and (b) continue to lead the annual inter-agency progress review on implementation of the Convention on the Elimination of All Forms of Discrimination against Women.

18. Output 2: Strengthened capacity of government health units to provide treatment to gender-based violence survivors. UNFPA will achieve this output by providing technical support to: (a) develop protocols for the treatment of gender-based violence; and (b) integrate gender-based violence treatment protocols into pre-service and in-service training of health personnel.

*Outcome 4: Population dynamics*

19. Output 1: Strengthened national capacity for the production, analysis and dissemination of reliable disaggregated data on population and development issues for evidence-based policy planning. To achieve this output, UNFPA will (a) advocate for the establishment of short-term training in demography and statistics for the staff of the National Institute of Statistics and for the statistical units of key sectoral ministries in the geodemography programme of the University of Agostinho Neto; (b) provide technical support for the analysis of the 2014 population and housing census data, focused on gender situation analysis, poverty mapping, age structural changes, and maternal deaths; and (c) advocate and provide support to finalize the drafting of the National Population Policy.

## IV. Programme management, monitoring and evaluation

20. The Ministry of Planning and Territorial Development will oversee and monitor the implementation of the country programme through the United Nations Partnership Framework, 2015-2019.

21. National execution continues to be the preferred implementation arrangement. UNFPA will select implementing partners based on their ability to deliver high-quality programmes. UNFPA will ensure that the appropriate risk analysis is performed in conformity with the harmonized approach to cash transfers approach.

22. The monitoring and evaluation team will continuously monitor and evaluate the implementation of the programmes, guided by the principles of results-based management and systematically using a human rights-based approach to programming.

23. The UNFPA country office in Angola includes basic management and development effectiveness functions funded from the UNFPA institutional budget. UNFPA will allocate programme resources staff providing technical and programme expertise required for the implementation of the programme, taking into account the new business model and funding arrangements for Angola.

24. UNFPA will approach the Government, the private sector, resident and non-resident development partners for co-financing of the country programme. UNFPA will also promote joint programmes in key areas of the programme, such as gender equality and young people, based on common areas identified in the United Nations Partnership Framework, 2015-2019. UNFPA will continue to pursue South-South cooperation options (especially with lusophone countries) in order to further enhance national capacity, building on efforts started during the previous programme.

25. In the event of an emergency, UNFPA will, in consultation with the Government, reprogramme funds to respond to emerging issues within the UNFPA mandate.

## RESULTS AND RESOURCES FRAMEWORK FOR ANGOLA

**National priorities**: (a) reduce maternal mortality, infant and child mortality; (b) rebalance the population distribution through incentives to population mobility; and (c) fully implement the National Policy for Women Equality and Equity, and eliminate gender-based violence
**UNDAF outcome**: By 2019 Angola reduced maternal and child mortality, the mortality rate of its population, the risk factors for the health of adolescents and non-communicable diseases Indicator 1: Number of policies/national plans updated/produced with the support of the United Nations to promote and strengthen health in line with the nine priority programmes of the National Health Development Plan, 2012 -2025 (Baseline:4; Target: 9) Indicator 2: Number of staff of the government and civil society trained in health matters (such as reproductive and sexual health, including family planning, HIV/AIDS) (Baseline: Not available; Target: 1,000 individuals trained in sexual reproductive health and HIV/AIDS by 2019)

| UNFPA strategic plan outcome | Country programme outputs | Output indicators, baselines and targets | Partners | Indicative resources |
|---|---|---|---|---|
| **Outcome 1: Sexual and reproductive health** (Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access)<br><br>Outcome indicators:<br>• Proportion of births attended by skilled birth personnel<br>Baseline: 49; Target: 70<br>• Proportion of births delivered in a health institution<br>Baseline: 42; Target: 65<br>• Modern contraceptive prevalence rate<br>Baseline: 13; Target: 45 | Output 1: Increased institutional capacity of the Ministry of Health to deliver high-quality integrated family planning, maternal health and STI/HIV prevention services, with a particular focus on adolescent girls | Output indicators:<br>• Number of national sexual and reproductive health protocols developed that address youth issues in particular<br>Baseline: 5; Target: 10<br>• Number of health facilities with integrated family planning and HIV prevention services as per national protocols<br>Baseline: 0; Target: 18<br>• Number of women successfully treated for obstetric fistula<br>Baseline: 383; Target: 1,000 | Ministry of Health; World Health Organization; United Nations Children's Fund; provincial governments | $12.0 million ($7.0 million from regular resources and $5.0 million from other resources) |
| | Output 2: Strengthened national capacity to supply modern contraceptives with a particular focus on young people | Output indicators:<br>• Existence of an updated national reproductive health commodity security strategy and corresponding costed plan of action<br>Baseline: No; Target: Yes<br>• Existence of a functional logistic management information system to accurately forecast and monitor reproductive health commodities<br>Baseline: No; Target: Yes | | |
| **Outcome 2: Adolescents and youth** (Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health)<br><br>Outcome indicator:<br>• Comprehensive sexuality education integrated into the curriculum of teacher training schools<br>Baseline: No; Target: Yes | Output 1: Increased capacity of primary and secondary school teachers and community health agents to implement school and community-based comprehensive sexuality education programmes | Output indicators:<br>• Existence of a comprehensive sexuality education curriculum that is aligned with international standards<br>Baseline: No; Target: Yes<br>• Number of most densely populated municipalities with at least one youth-support centre with skilled staff implementing out-of-school comprehensive sexuality education<br>Baseline: 2; Target: 36 | Ministry of Health, Ministry of Youth and Sports; Ministry of Education; United Nations Educational, Scientific and Cultural Organization; and United Nations Children's Fund | $2.0 million ($1.3 million from regular resources and $0.7 million from other resources) |

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| **Outcome 3: Gender equality and women's empowerment** (Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth)<br><br>Outcome indicator:<br>• Percentage of identified surviviors of gender-based violence who receive support services as per national protocol<br>Baseline: 0; Target: 50 | Output 1: Strengthened capacity of Ministry of the Family and of the Promotion of Women to advance gender equality | Output indicators:<br>• Existence of a functional tracking and report system to monitor the implementation of the National Law Against Domestic Violence and National Policy for Gender Equality and Equity<br>Baseline: No; Target: Yes<br>• Number of UNFPA led inter-agency progress reports on progress in implementing the Convention on the Elimination of All Forms of Discrimination against Women<br>Baseline: 0; Target: 5 | Ministry of the Family and of the Promotion of Women; Ministry of Health; Ministry of Justice; National Institute of Statistics; Ministry of Interior; United Nations Children's Fund; and UNDP | $2.5 million ($1.5 million from regular resources and $1.0 million from other resources) |
| | Output 2: Strengthened capacity of government health units to provide treatment to gender-based violence survivers | Output indicator:<br>• Gender-based violence treatment protocols available and integrated into pre-service and in-service training of health care providers.<br>Baseline: No; Target: Yes | | |
| **National priority**: Conduct the first national population and housing census since independence in order to set up the basis for a strong statistical system that will support evidence-based policy formulation as well as the monitoring and evaluation mechanisms necessary to assess results and continually improve efficacy and efficiency of policies and programmes in order to raise the quality of life of the Angolan people<br>**United Nations Partnership Framework, 2015-2019, outcome**: By 2019, citizens actively participate in public life and institutions and public institutions and organizations are modernised, to give efficient easily accessed quality services based on criteria of good governance<br>Indicator 1: National Statistics System strengthened to contribute towards planning, implementation and monitoring, based on statistical evidence<br>(Baseline: National Statistical Development Strategy in progress; Target: National Statistical Strategy implemented to ensure the supply of updated and reliable data for decision making at the central, provincial and local level) | | | | |
| **Outcome 4: Population dynamics** (Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality)<br><br>Outcome indicators:<br>• Census data collected, processed and analysed, results published and disseminated<br>Baseline: No; Target: Yes<br>• Number of national government institutions that practice evidence-based planning and policy development<br>Baseline: 0; Target: 3 | Output 1: Strengthened national capacity for the production, analysis and dissemination of reliable disaggregated data on population and development issues that allow for mapping demographic disparities and socioeconomic inequalities | Output indicators:<br>• Number of selected government institutions with skilled staff and tools to collect, analyse and disseminate socio-economic and demographic data<br>Baseline: 1; Target: 4<br>• Existence of a socioeconomic, geographic and demographic information system for gender situation analysis, maternal death analysis, poverty mapping and assessment of age structural changes<br>Baseline: No; Target: Yes<br>• Number of census monographs generated and disseminated<br>Baseline: 0; Target: 4 | National Institute of Statistics; Ministry of Health; Ministry of Planning and Territorial Development; Ministry of the Family and of the Promotion of Women; Agostinho Neto University; United Nations Development Programme; United Nations Children's Fund | $3.0 million ($2.0 million from regular resources and $1.0 million from other resources)<br><br>Programme coordination and assistance: $0.4 million |